

## STAGE

### TRANSITION TO DISCIPLINE

## EPA

### EPA 1: Performing the pre-operative preparation of patients for basic surgical procedures

## DETAILED DESCRIPTION

The resident will be able to elicit a history and perform a physical examination to assess patients planned for surgical procedures. This will include an assessment of their health, fitness and suitability for the procedure, as well as potential pitfalls, risks and anticipated complications. The resident will be able to recognize and make appropriate pre-operative referrals if required. The resident will be able to communicate the details of the planned procedure and the management plan with the patient and family.

## ENTRUSTMENT

The resident will be entrusted to:

1. Elicit a history and perform a physical exam.
2. Develop and communicate an initial management plan.
3. Communicate with patients and families regarding the planned procedure, anticipated course, outcomes and risks.

**FOCUS OF ASSESSMENT**

Medical Expert	Communicator	Collaborator	Leader	Health Advocate	Scholar	Professional
X	X	X				

**REQUIRED TRAINING EXPERIENCES**

Consults	Clinics	ER	Ward	OR	Other
X	X				

**REQUIRED NON-CLINICAL TRAINING EXPERIENCES**

Academic ½ Day	Simulation	Course/ Certification	Scholarly Project	Conference	Advocacy Activity	Rounds
X						

Surgical Foundations – Entrustable Professional Activity Template

Assessment Tools	Focus of Assessment						
	ME	CM	CL	LD	HA	SC	PR
Direct Observation Procedural Skills							
Supervisor Template	X	X					
Field Note							
Mini-CEX							
Multisource Feedback							
Patient Feedback							
Peer Assessment							
Resident Teaching Rubric							
Chart Review	X	X	X				
Journal Club Rubric							
Observed History and Physical Rubric							
OSCE/Simulation	X	X					
Other							
Oral Exam							
SAQ/MCQ Exam							
Shelf Quiz							
Other							
Consult /Referral							
Online Module							
Procedure Log							
Other:							

## ASSESSMENT STRATEGY AND SAMPLING

One indirect observation of achievement by 1 assessor, with or without a chart review. May be achieved in an OSCE or clinical setting.

1. Competency of eliciting a history and performing a physical exam will be assessed by: indirect observation and OSCE
2. Competency in development of an initial management plan will be assessed directly through: chart review
3. Competency in documentation including maintaining problem and medication lists be assessed by: chart review
4. Competency in communicating management plan with the patients and families will be assessed by: indirect observation

### Relevant Milestones from RC (assess bold items)

1. D ME 1.6.1 Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making
2. D ME 2.1.1 Identify the concerns and goals of the patient and family for the encounter
3. **D ME 2.2.1 Elicit an accurate, concise and relevant history**
4. **D ME 2.4.1 Develop an initial management plan for common patient presentations in surgical practice**
5. D ME 3.2.1 Describe the ethical principles and legal process of obtaining and documenting informed consent
6. D ME 3.3.1 Recognize and discuss the importance of the triaging and timing of a procedure or therapy
7. D CM 1.1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
8. D CM 1.2.1 Mitigate physical barriers to communication to optimize patient comfort, privacy, engagement, and safety
9. **D CM 2.1.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation**
10. D CM 2.1.2 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
11. D CM 2.1.3 Identify and explore issues to be addressed in a surgical patient encounter effectively, including but not limited to the patient's context and preferences which include items to be addressed such as age, ethnicity, gender, family, and religious beliefs
12. D CM 2.2.1 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses
13. D CM 2.3.1 Seek and synthesize relevant information from other sources, including the patient's family, hospital records and other health care professionals, with the patient's consent
14. **D CM 5.1.1 Organize information in appropriate sections within an electronic or written medical record**
15. **D CM 5.1.2 Maintain accurate and up-to-date problem lists and medication lists**

16. D CM 5.2.1 Demonstrate reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical record
17. D CL 1.3.1 Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care
18. **D CL 1.3.2 Describe the elements of a good consultation**
19. D HA 1.2.1 Identify resources or agencies that address the health needs of patients